



Work Order (Bid Form)

AUDITOR: J SUMMERS

615-473-2343

JSUMMERS@UNITED.NET



WORK ORDER INFORMATION

Work Order Name: WO/90009MD2521/2

Work Order Type: Weatherization

Audit Name: 90009MD2521

CLIENT INFORMATION

Client Name:

Address:

Client ID: 90009MD2521

, 37209

Alt. Client ID: DAVIDSON

AGENCY INFORMATION

Agency: Metropolitan Development and Housing Agency

Agency Phone: (615) 252-8500

Address: 701 South Sixth Street
Nashville, TN 37206

Fax: (615) 252-8533

Email Address:

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

SITE BUILT 1920
LEAD AND ASBESTOES MAY BE PRESENT

Client Name:

Client ID: 90009MD2521

Alt. Client ID: DAVIDSON

Work Order (Bid Form)

Work Order Name: WO/90009MD2521/2

Report Run On: 12/8/2011

DOE Weatherization Assistant

Version 8.6.0

Page 1 of 7

Measures

Measure 1 Seal Ducts

Components

Inspected

Comment DUCT SEALING:

☐

- 1.) MASTIC SEAL SUPPLY REGISTERS
- 2.) MASTIC SEAL RETURN (20 X 30)
- 3.) INSTALL FILTER, LEAVE 5 FOR CLIENT

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
10	Miscellaneous Su	Duct Sealing	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		
						<input type="text"/>			

Field Notes:

Measure 2 Infiltration Redctn

Components

Inspected

Comment INFILTRATION REDUCTION MEASURES:

☐

- 1.) CAULK AND SEAL PLUMBING PENETRATIONS UNDER 3 SINKS
- 2.) SEAL KICK PLATES IN KITCHEN AT COUNTER BASES
- 3.) DS/WS FRONT AND BACK DOORS
- 4.) SEAL GAP/HOLE BETWEEN FLOOR AND WALL IN MBR BATH BETWEEN TUB AND TOILET.
- 5.) CAULK TUB AT FLOOR MAIN BATH
- 6.) REGLAZE WD5 (BACK OF HOUSE ABOVE DECK)

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
10	Miscellaneous Su	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		
						<input type="text"/>			

Field Notes:

Client Name:

Client ID: 90009MD2521

Alt. Client ID: DAVIDSON

Work Order (Bid Form)

Work Order Name: WO/90009MD2521/2

Report Run On: 12/8/2011

DOE Weatherization Assistant

Version 8.6.0

Page 2 of 7

Measure 3 DWH Pipe Insulation**Components****Inspected****Comment** First 5 Ft.☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 4 Wall Insulation****Components** WL1E,WL2S,WL3E,
WL4N,WL5W,WL6N
,WL7W,WL8S**Inspected****Comment** UNZIP VINYL, INSTALL EVERY 16" OC. RE-ZIP VINYL. LEAVE DOCUMENTATION OF INSULATION WITH CLIENT FOR FINAL INSPECTION. PLUG AND SEAL ALL FILL HOLES PRIOR TO RE-ZIPPING VINYL.☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Wall Insulation - Cellulose, Blown - 2x4 Filled	SqFt	1234	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Wall Insulation - Cellulose, Blown - 2x4 Filled	SqFt	1234	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

Client Name:

Client ID: 90009MD2521

Alt. Client ID: DAVIDSON

Work Order (Bid Form)

Work Order Name: WO/90009MD2521/2

Report Run On: 12/8/2011

DOE Weatherization Assistant

Version 8.6.0

Page 3 of 7

Measure 5 Floor Ins. R-19**Components** F1**Inspected****Comment** FLOOR JOISTS: 2 X 6 X 16☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Floor Insulation - Fiberglass Faced Batt - R-19	SqFt	1228	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Floor Insulation - Fiberglass Faced Batt - R-19	SqFt	1228	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 6 DWH Replacement****Components****Inspected****Comment** 30 Gal Elec. (located in crawl)☐

First 5 Ft.

REPLACE WITH ENERGY STAR MODEL

REMOVE OLD UNIT FROM PREMISES, DISPOSE OF AS PER MDHA/DOE
GUIDELINES.

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
10	Hot Water Equip	any - any	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

Client Name:

Client ID: 90009MD2521

Alt. Client ID: DAVIDSON

Work Order (Bid Form)

Work Order Name: WO/90009MD2521/2

Report Run On: 12/8/2011

DOE Weatherization Assistant

Version 8.6.0

Page 4 of 7

Measure 7 Refrigerator Rplcmnt**Components****Inspected**

Comment REPLACE WITH ENERGY STAR MODEL 20 Cuf TOP FREEZER.
REMOVE OLD UNIT FROM PREMISES, AS PER MDHA/DOE GUIDELINES.

☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Refrigerators	any - any	Each	1					

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 8 2 Smoke Detectors Needed****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Smoke detector	Each	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

Client Name:

Client ID: 90009MD2521

Alt. Client ID: DAVIDSON

Work Order (Bid Form)

Work Order Name: WO/90009MD2521/2

Report Run On: 12/8/2011

DOE Weatherization Assistant

Version 8.6.0

Page 5 of 7

Measure 9 Fix Not Operational Bathroom Exhaust Fan MBR Bath**Components****Inspected****Comment** MASTER BEDROOM BATH☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Equipment	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 10 REPLACE BOTTOM OF BATH CABINET UNDER SINK****Components****Inspected****Comment** 1/2 " OSB - 23" X 32" APPROX.☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
10	Unspecified	1/2 OSB 23 X 32	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

Client Name:

Client ID: 90009MD2521

Alt. Client ID: DAVIDSON

Work Order (Bid Form)

Work Order Name: WO/90009MD2521/2

Report Run On: 12/8/2011

DOE Weatherization Assistant

Version 8.6.0

Page 6 of 7

**Measure 11 Vapor Barrier Needed
(Basement/Crawlspace)****Components****Inspected****Comment** MUST ATTACH 12" UP FOUNDATION WALL, ALL SEAMS MUST HAVE 12" OVERLAY AND BE SEALED WATER TIGHT. NO GAPS.☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Unspecified	Basement / crawlspace vapor barrier (+)	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Work Order Grand Total:****Grand Total:**

Client Name:

Client ID: 90009MD2521

Alt. Client ID: DAVIDSON

Work Order (Bid Form)

Work Order Name: WO/90009MD2521/2

Report Run On: 12/8/2011

DOE Weatherization Assistant

Version 8.6.0

Page 7 of 7